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*	ر ا ا ا		21. I attended the deceased from a 10/18/57, to	0/18/57 and last saw him alive on 1	0/18/57
	, to		Death occurred at m on the date	stated above; and to the best of my knowledge, from	n the causes stated.
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13.11. 11Walan 4300 Clear of 117/3.	, , ,	Ļ			117/17
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BURIAL 10/21/57 LAKEWOOD PARK CEM ST. LOUIS CO. MO. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAP'S SIGNATURE	8 8 5	1	4. FUNERAL DIRECTOR ADDRESS 25. DA	ARK UEM DT LOUIS (10) TE RECD. BY LOCAL REG. 26. RESISTRAD'S SIGNATURE	, 10
J L ZIEGENHEIN & SONS 7027 GRAVOIS 10-21-57 Recheat K. Somhell		Somkems			
(Licensed Embalmer's Statement on Reverse Side)		y gran			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb Student Embalmer No.....

working under my personal supervision..

Student

Signed Vernon Wester

Licensed Embalmer No

P. O. Address 702

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.